

LONG HILL TOWNSHIP

2015/2016 RECREATION BASKETBALL

BOYS & GIRLS in GRADES 5 – 8

The Long Hill Township 2015/2016 Recreation Basketball program will begin Saturday, November 14, 2015 for Long Hill boys and girls in 5th thru 8th grades. All games will be played on Saturdays at Central Middle School. You will be notified, by email or phone, prior to the start of the program of your team assignment and playing time. A schedule will be handed out at the first game. Players who are on the 5th – 8th grade traveling teams may also play in the recreation program. Please indicate on the registration form if you are a traveling team member. When the school is closed due to inclement weather, the program will not run. "Snow days" will not be made up with the possible exception of a program cancellation during the play-offs (last 2 weeks of program). These teams will be co-ed.

WHO: BOYS AND GIRLS GRADES 5 THRU 8

WHEN: SATURDAYS – NOVEMBER 14, 2015 - FEBRUARY 27, 2016

WHERE: CENTRAL SCHOOL – NEW GYM – GRADES 5 – 8 (Except: 11/28, 12/26, 1/2, 2/13)
(Sessions will be held: 11/14, 11/21, 12/5, 12/12, 12/19, 1/9, 1/16, 1/23, 1/30, 2/6, 2/20, 2/27)

TIME: Start Times: 8am – 2pm (one hour slots—time will vary each week)

FEE: \$90.00 per player

*** REGISTRATION DEADLINE: November 1st**

(\$25 late fee for any registration received after Nov. 1st, and registration will only be processed if there is a spot available.)

Payment by MC/Visa/Discover may be made online at <https://register.communitypass.net/longhill> or by check/cash to the Rec. Dept.

Make check payable to: Long Hill Township 915 Valley Rd. Gillette, NJ 07933

***No Refunds Unless program is Canceled**

***NOTE: This program begins Sat., Nov. 14th; participants will be notified week of Nov. 8th of team placement and schedule.**

2015/2016 RECREATION BASKETBALL REGISTRATION FORM

(ONE PER PLAYER PLEASE)

Name _____ Sex _____ Grade _____

Address _____

Home Phone _____ Traveling Player? ____ Yes ____ No

Email _____ Shirt Size (Adult S/M/L/XL) _____

Mother/Guardian Name _____ Cell # _____

Father/Guardian Name _____ Cell# _____

List Allergies/Medical Alerts _____

Epi pen Required? (Circle one) YES NO *Would you like to be a team captain? YES NO (Circle one)

*Please see website for list of requirements for captains.

I hereby give permission for my child _____ to participate in this program sponsored by the Long Hill Township Recreation. I understand that by signing this waiver I agree not to hold Long Hill Township, their employees and advisors, the Recreation Dept. staff responsible for any accidents, injury, damage or loss incurred in this activity or any part of the program.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

ALL REGISTRATIONS ARE DUE BY November 1st. Registrations received after this date will be charged a \$25 late fee and may not be accepted as teams will have already been made and supplies purchased.

No Refunds unless program is canceled. **Fee: \$90 (\$115 after Nov. 1st)**

For more information, contact the Recreation Department at 908-647-8000 ext. 219.